

REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 111325-020500									
I hereby certify that correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on _____. Signature _____ Typed or printed name _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> In re Application of Mark J. STEFIK, et al. </td> </tr> <tr> <td style="padding: 5px;"> Application Number 09/777,845 </td> <td style="padding: 5px;"> Filed February 7, 2001 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> For: SYSTEM FOR CONTROLLING THE DISTRIBUTION AND USE OF DIGITAL WORKS USING DIGITAL TICKETS </td> </tr> <tr> <td style="padding: 5px;"> Group Art Unit 3628 </td> <td style="padding: 5px;"> Examiner: Frantzy Poinvil </td> </tr> </table>		In re Application of Mark J. STEFIK, et al.		Application Number 09/777,845	Filed February 7, 2001	For: SYSTEM FOR CONTROLLING THE DISTRIBUTION AND USE OF DIGITAL WORKS USING DIGITAL TICKETS		Group Art Unit 3628	Examiner: Frantzy Poinvil
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Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences from in the appeal of the above-identified application.

The fee for this Request for Oral Hearing is (37 CFR 1.17(d)) **\$ 1,000.00**

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$_____.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 19-2380. I have enclosed a duplicate copy of this sheet.

☐ A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550(c).

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor. /Carlos R. Villamar, Reg. # 43,224/
Signature

☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO-SB/96)

☐ attorney or agent of record. **Carlos R. Villamar**
Typed or printed name

☒ attorney or agent acting under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a). **43,224.** **September 26, 2006**
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.